

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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42	1		1		1	
43	.		.		.	
44	.		.		.	
45	.		.		.	
46	.		.		.	
47	.		.		.	
48	1		1		1	
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
52		1		1		
53	1		1			
54	2		2			
55	1		1			
56	1		1			
57	4		4			
58						
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96						
97						
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99						
100						
TOTAL IND.	4					
TOTAL DEP.	22					
TOTAL CLAIMS	26					

26/11